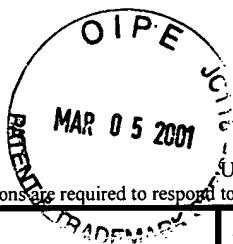


Please type a plus sign (+) inside this box → ☐



AF  
GP1651

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/464,414	
	<b>Filing Date</b>	December 16, 1999	
	<b>First Named Inventor</b>	Yasmin Thanavala	
	<b>Group Art Unit</b>	1651	
	<b>Examiner Name</b>	M. Flood	
<b>Total Number of Pages in This Submission</b>	4	<b>Attorney Docket Number</b>	RPP:156C US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div>RECEIVED MAR 09 2001 TECH CENTER 1600/2900</div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael L. Dunn
Signature	
Date	March 2, 2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>March 2, 01</u>	
Typed or printed name	Michael L. Dunn
Signature	
Date	March 2, 01

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

**TOTAL AMOUNT OF PAYMENT** (\$)**295.00**

Application Number	09/464,414
Filing Date	December 16, 1999
First Named Inventor	Yasmin Thanavala
Examiner Name	M. Flood
Group Art Unit	1651
Attorney Docket No.	RPP:156C US

**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit  
Account  
Number

04-1790

Deposit  
Account  
NameCharge Any Additional Fee Required  
Under 37 CFR 1.16, 1.17, 1.18 and 1.20Applicant claims small entity status.  
See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:**



Check



Credit Card



Money Order



Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
101	201	710	355	Utility filing fee
106	206	320	160	Design filing fee
107	207	490	245	Plant filing fee
108	208	710	355	Reissue filing fee
114	214	150	75	Provisional filing fee

Fee Paid

SUBTOTAL (1)

(\$)

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
20** =	X		
Independent Claims	3** =	X	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
103	203	18	9	Claims in excess of 20
102	202	80	40	Independent claims in excess of 3
104	204	270	135	Multiple dependent claim, if not paid
109	209	80	40	**Reissue independent claims over original patent
110	210	18	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	205	130	65	Surcharge - late filing fee or oath	
127	227	50	25	Surcharge - late provisional filing fee or cover sheet	
139	139	130	130	Non-English specification	
147	147	2,520	2,520	For filing a request for ex parte reexamination	
112	112	920*	920*	Requesting publication of SIR prior to Examiner action	
113	113	1,840*	1,840*	Requesting publication of SIR after Examination action	
115	115	215	55	Extension for reply within first month	
116	116	390	195	Extension for reply within second month	140
117	117	890	445	Extension for reply within third month	
118	118	1,390	695	Extension for reply within fourth month	
128	128	1,890	945	Extension for reply within fifth month	
119	119	310	155	Notice of Appeal	155
120	120	310	155	Filing a brief in support of an appeal	
121	121	270	135	Request for oral hearing	
138	138	1,510	1,510	Petition to institute a public use proceeding	
140	140	110	55	Petition to revive - unavoidable	
141	141	1,240	620	Petition to revive - unintentional	
142	142	1,240	620	Utility issue fee (or reissue)	
143	143	440	220	Design issue fee	
144	144	600	300	Plant issue fee	
122	122	130	130	Petitions to the Commissioner	
123	123	50	50	Processing fee under 37 CFR 1.17(q)	
126	126	180	180	Submission of Information Disclosure Stmt	
581	581	40	40	Recording each patent assignment per property (times number of properties)	
146	146	710	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	149	710	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	179	710	355	Request for Continued Examination (RCE)	
169	169	900	900	Request for expedited examination of a design application	

Other fee (specify)  
NOTE: A one-month extension of time to February 3, 2001 was previously submitted on 1/29/2001.

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)**295.00****SUBMITTED BY**

Name (Print/Type)

Michael L. Dunn

Registration No.  
(Attorney/Agent)

25,330

Complete (if applicable)

Telephone

716-433-1661

Signature

*Michael L. Dunn*

Date

Mar 2, 2001

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